

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016		
Mailing Address 430 N Michigan Ave			Amount 1050.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E4256FA7B878C4A2F918		
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Lou Correa		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 46 State: CA
Calendar Year-To-Date Per Election for Office Sought		234809.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Peter D Hart Research Associates Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016		
Mailing Address 1724 Connecticut Ave NW			Amount 29100.00		
City Washington	State DC	Zip Code 20009-1103	Transaction ID : E4F9890DBD54946618C6		
Purpose of Expenditure Polling expenses		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Lou Correa		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 46 State: CA
Calendar Year-To-Date Per Election for Office Sought		234809.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
04 / 27 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Terris Barnes & Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2016	
Mailing Address 400 Montgomery St Ste 900		Amount 204659.00	
City San Francisco	State CA	Zip Code 94104-1223	Transaction ID : EA73C65CB2835496C83E
Purpose of Expenditure Direct Mail Costs	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Lou Correa		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 46 State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	204659.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	234809.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

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